



THE SHARON SANATORIUM

FIFTY-SECOND AND FIFTY-THIRD
ANNUAL REPORTS . . 1942-3

RHEUMATIC FEVER

It is a disease of great magnitude. It stands number two on the Army list, 60,000 die yearly of Rheumatic heart disease.

About nine hundred children in Boston are stricken every year with rheumatic fever . . . a disease more devastating for young people under twenty than scarlet fever, whooping cough, measles, meningitis, diphtheria, and infantile paralysis *combined*.

Many of these 900 children may be expected to be permanently crippled, 400 left with heart disease, and 200 dead within ten years.

“Health for Defense” is today’s slogan. Yet in Massachusetts there are only 200 beds for rheumatic fever.

Of the 200 beds, 20 per cent are at The Sharon Sanatorium in Sharon, nineteen miles from Boston, where a pioneer experiment in open-air treatment has been carried on for five years. As a result of the Sharon experiment, rheumatic fever specialists now have reason to hope that with sufficient beds and adequate funds, the disease may be controlled.

The Sharon Sanatorium

ANNUAL REPORTS

1942-3



JOHN P. HUBBARD, M.D.

MEDICAL DIRECTOR

Lieutenant-Colonel, Civil Affairs Division, S.H.A.E.F.

THE SHARON SANATORIUM

SHARON, MASSACHUSETTS

The Corporation and Board

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MRS. CHARLES ALLEN PORTER, *Secretary*
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Medical Director

JOHN P. HUBBARD, M.D.
Lieutenant-Colonel, Civil Affairs Division, S.H.A.E.F.

Acting Medical Director

LOUIS A. SIERACKI, M.D.

Assistant Medical Director

WALTER A. GRIFFIN, M.D.

Superintendent

ISABELLE M. JORDAN, R.N.

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* Corporation only.



VIEW OF THE MAIN BUILDING

DIRECTORS' REPORT

(FIFTY-SECOND AND FIFTY-THIRD ANNUAL REPORT)

Five years have passed since the experiment of treating rheumatic fever in an open-air environment was begun at the Sharon Sanatorium. It seems fitting to recapitulate briefly the experience of those years. When the Board of Directors decided to change the Sanatorium from the care of those suffering with tuberculosis to the care of children with rheumatic fever, there was no background of experience available for this form of treatment. We were pioneers and we had to discover the techniques ourselves. Therefore, we were forced to proceed slowly and cautiously in order to reduce the risks to a minimum. We could not afford to be financially thrifty, as we had to provide the best of care.

The Sanatorium itself was remodelled to make it suitable for the open air treatment. We enlisted a most capable staff of doctors and nurses, and we set sail on this venture. That was five years ago. The statistics for the period speak for themselves. In rheumatic fever the recurrences which a patient has is the customary yardstick used for evaluating treatments. Normally, the average of recurrences runs from 50 to 80 per cent. At the Sharon Sanatorium over the five-year space of time, the average has been cut to 25 per cent.

We were not, however, satisfied to care only for the body of the child. In fact, we found that it was necessary to consider the whole personality as well in order that the child might return to the world capable of taking part in life and of becoming a good citizen. We did not want the children to go back to their environment with a sense of inability to face the future. Accordingly, we instituted undenominational devotions, and intellectual and occupational instruction. When the children are discharged, they not only have

not lost through their stay at the Sanatorium, but have actually gained in training as well as in health.

On account of war conditions we have not been able to carry on our laboratory research work. It is, however, only in abeyance and we expect to resume at a later date. Little is known of the cause of rheumatic fever. It is generally accepted that the disease is closely associated with the streptococcus germ. Cures of all kinds have been tried. The theory of our open-air treatment is simply to build up the native resistance of the body against whatever agent is the actual cause.

In regard to the work of the Sanatorium itself during this past year, there have been considerable difficulties owing to the present shortages and to the distance from Boston. Great credit is due Miss Jordan, our Superintendent, and her staff for maintaining the high standard of care, in spite of the prevailing lack of nurses and inability to obtain mechanical equipment. Dr. Sieracki, although overworked, has given unstintingly of his time and energy with most excellent medical results. We are much indebted to Dr. Griffin, our former Director of tuberculosis, who has visited the Sanatorium daily.

It has been our good fortune to have Dr. William Healy join our Advisory Medical Staff. Dr. Healy is internationally known for his work with child personalities. He is the Director of the Judge Baker Guidance Center, famous pioneer in this field. We are also fortunate in having Mrs. Ralph Whitcomb and Mr. Henry R. Andrews become members of the Board of Directors. Mrs. Whitcomb, a resident of Sharon, is one of its most public-spirited citizens. She has always been most generous in giving us her assistance. Mr. Andrews is Treasurer of the Reliance Co-operative Bank of Cambridge, and a member of the Board of Selectmen of Sharon. He has long taken a deep interest in community enterprises.

As for our finances, we are in need at the present time of additional funds. Our work by its very nature must be well executed. Our expenses are relatively higher than in metropolitan institutions, partly because of the care required for this form of treatment, partly because of the distance from the city, and partly because we have to find and set standards which others can use. For we hope that the open-air treatment will be adopted by Sanatoria which are now devoted to other purposes, and the facilities of which are not being completely used. Compared to the number of beds available for tuberculosis, the number of beds available for rheumatic fever is extremely small. Rheumatic fever is now recognized as one of the most serious diseases. The United States Army has rated it as the No. 2 disease. According to estimates, in this country over a million people are sufferers from its effects and more children between the ages of five and fifteen die from it than from any other disease.

The purpose of the Sharon Sanatorium is to find and give the best possible treatment.

MORTON P. PRINCE, *President.*



HAPPY!

REPORT OF THE ACTING MEDICAL DIRECTOR

December 8, 1943

To the Board of Directors of the Sharon Sanatorium:

October 4, 1938 marked the beginning of the open-air sanatorial care of rheumatic fever. On that day, through the co-operative efforts of the Children's Mission to Children, the rheumatic fever clinic of the Children's Hospital, and the Sharon Sanatorium, five children were admitted to the pavilion previously used as a preventorium for tuberculosis. These children and those that followed were part of an experiment to determine whether a rheumatic child in a carefully controlled open-air environment could be kept free of respiratory infection which so often precipitated relapse and whether the rheumatic infection itself would respond favorably to a rigorous open-air environment. The first group did so well that the experiment was continued. Since that time, 133 patients have been discharged from the Sanatorium. This marks the five-year period since the beginning of the experiment and it is now our pleasure to present the results of this five-year study.

The first group was carefully selected since it was not known how well the rheumatic child could withstand the rigorous open-air regime. The patients that followed were not a hand-picked group but represent a cross section of rheumatic fever. Cases of congestive failure or active disease with pericarditis were not admitted directly to the Sanatorium if it were at all possible to avoid them. Most of the children came from the wards or the rheumatic fever clinic of the Children's Hospital, and the remainder came from other hospitals, agencies, and private physicians.

During the first three years of this study, only fourteen minor respiratory infections were encountered, and there were no rheumatic recurrences at the Sanatorium. In 1942 and 1943, we did have some recurrences.

Analysis of 133 Discharged Patients: In order to know what has happened to the children after discharge from the Sanatorium, a fairly thorough follow-up system has been instituted. Most of the children are followed by the rheumatic fever clinics of the Children's Hospital or the Massachusetts General Hospital. We owe great thanks to the co-operation of the personnel of the rheumatic fever clinic of the Massachusetts General Hospital for their help in the follow-up. The follow-up at the Children's Hospital is done by our own staff.

At the time of admission to the Sanatorium fifty cases were in the quiescent stage of the disease and eighty-three had active rheumatic infection. The degree of heart damage in the quiescent cases was as follows:

No apparent heart damage	31
Slight to moderate degree of heart damage . . .	15
Severe heart disease	4

In the active group, the degree of heart damage was as follows:

No apparent heart damage	28
Slight to moderate degree of heart damage . . .	41
Severe heart disease	14

Recurrences: Twenty-two patients had recurrences after discharge from the Sanatorium and ten of these were readmitted. In addition, seven of the discharged patients developed recurrences while at the Sanatorium: all seven recurrences followed very definite upper respiratory infections. This makes a total of twenty-nine patients who had recurrences. To this we add five patients who died of progressively active and fulminating rheumatic infection, leaving us ninety-nine children who have continued to be free of recurrent rheumatic infection.

- 5 (3.8%) died of progressive fulminating active infection
- 29 (21.8%) have had recurrent rheumatic infection (some of these have died but are not included in the above five)
- 99 (74.4%) have remained free of recurrent rheumatic infection

In all there have been thirteen deaths (9.8%). As stated above, five of these patients continued to show progressively active rheumatic infection and heart failure. Three became worse after recurrences contracted while at Sharon, and five died after having a recurrence at home. Thirteen patients were considered to have active infection at the time of discharge; eleven of these have died, and the remaining two still show active infection. Eight of the cases which were discharged with active infection had progressive active infection with failure and were sent to the Children's Hospital for final care.

Duration of Follow-up: Seventy-three (54.9%) of the patients have been followed for one or more years accordingly:

<i>Years</i>	<i>Patients</i>
0-1	60
1-2	30
2-3	21
3-4	13
4-5	9

Past Year's Work: At this time it is customary to give a resume of our accomplishments during the past year. Nothing new was contributed to the knowledge of the disease. It has been a busy year for everyone, and this, coupled with the lack of personnel, has forced us to do only routine work. The children have continued to receive good medical care and supervision, and the responsibility for their welfare has been shared by Dr. Griffin and myself. The association between the Children's Hospital and the Sharon Sanatorium has continued as in the past.

Respectfully submitted,

LOUIS A. SIERACKI, M. D.
Acting Medical Director.

SUMMARY

OCTOBER 4, 1943–NOVEMBER 30, 1943

Total Patients cared for at the Sanatorium	164
Discharged from the Sanatorium	133
Census November 30, 1943	31

Analysis of Discharged Patients:

A. State of disease on admission

1. Active	83
No apparent heart disease	28
Slight to moderate heart disease	41
Severe heart disease	14
2. Inactive	50
No apparent heart disease	31
Slight to moderate heart disease	15
Severe heart disease	4

B. Recurrences

After discharge	22
During Sanatorium stay	7
	—
	29

C. Course of 133 discharged patients

- 5 (3.8%) died of progressive fulminating active infection
- 29 (21.8%) have had recurrent rheumatic infection (some of these have died but are not included in the above five)
- 99 (74.4%) have remained free of recurrent rheumatic infection

Total Deaths: 13 (9.8%)

DECEMBER 1, 1942–NOVEMBER 30, 1943

Under care of Sanatorium November 30, 1943	31
Discharged during the year	49

Upper respiratory infections

Simple “colds”	40 (33 patients)
Acute pharyngitis	11

Recurrences 3



BUSY HANDS MAKE BUSY MINDS

REPORT OF THE SUPERINTENDENT

DECEMBER 1, 1942-DECEMBER 1, 1943

The Sanatorium is entering the third year in which its entire facilities have been available for the care of children who are ill with, or convalescing from, rheumatic fever. Despite the many difficulties of last year, the year before, and those of the present time, it is a pleasure to report that the program of medical and nursing care, as planned, has been maintained.

The following comparative statistics are somewhat indicative of the use of the Sanatorium as a community resource:

	<i>1940-1941</i>	<i>1941-1942</i>	<i>1942-1943</i>
Admissions	22	49	50
Discharges	17	42	52
Total Hospital Days	6,933	12,894	12,743
Average daily census	18.99	35.3	34.9
Treated	43	76	84
Remained in house December 1	27	34	31

Changes in the staff, to the casual observer, have been many, but not serious. The essential professional staff of nurses, teachers, and occupational therapist, as well as the general maintenance staff, has remained almost entirely intact except for the resignation of Miss Florence Mayall, attendant nurse; and Samuel Jennings, farmer, who served the Sanatorium 23 and 40 years respectively.

Miss Margaret Terry, the supervising nurse, is to attend Boston University for the spring semester, in order that she may secure more background in supervision which will, in time, help the program at the Sanatorium.

Three pieces of equipment have been added during the year which have greatly assisted the workers; namely, a wash wheel and extractor to the laundry, and a dishwasher to the kitchen. The nurses' station on the main ward has been moved to the porch, enclosed in glass and

insulated, which has made the problem of supervision of the patients and workers much more effective. The front office has been enclosed, which has made it warmer and quieter, and gives a more business-like appearance to the entrance.

Throughout the year there have been many interested lay and professional visitors. Among these have been the Executive Secretaries from the Heart Association of California, Rhode Island, Pennsylvania, Illinois, New York, and District of Columbia; representatives from The Children's Bureau, Mass. State Dept. of Health, and the Mass. Board of Nurse Registration; and the members of the Convalescent Care Committee of the Children's Heart Association of Rhode Island. All the visitors comment upon the satisfactory arrangement for sanatorial care, the happiness of the children, and the homelike atmosphere of the institution.

This comment is appreciated by the Sanatorium staff because they have accepted as their slogan, "Building Lives as well as Health." Such a slogan requires the acceptance of a working philosophy of convalescent care which acts as a "dynamic and creative force in the life of the patient." This, when translated to children, requires a convalescence which includes measures directed toward the correction of the disease present, and of a regime which takes into consideration the entire physical and psychic needs of the child.

Translated still further, it means that in addition to providing expert medical and nursing care for any individual child, we must be consciously aware of using the resources of the child's body and mind, of providing for his play as well as his rest; of providing for the exercise of his emotions as well as his reason; of trying to develop in him a sense of social discipline, of strengthening his character and educating him . . . or more specifically, schooling him.

This is so important that I would say it in still another way, namely in the words of one of the staff. I quote her: "Long-time care of children makes demands upon workers which a temporary illness does not; therefore, the staff must accept responsibility for meeting the developmental needs of its children as well as giving them their physical and medical care. To do this means providing for a child's need of security

affection

social experience (new experience)

and his usefulness."

Such a convalescent care definition is a perpetual challenge, and must be concerned with a child-centered program.

Surely with such a working philosophy determining the policy of care which is given to the children at the Sanatorium, together with successful medical care, all can look forward to maintaining the record of the glorious past of the Sanatorium, and contributing to the future development of convalescent care of children.

The administration thanks the Board of Directors for their willingness to purchase equipment and make changes in the physical plant, which make working conditions easier and more effective; the professional staff and employees for their willingness to cooperate and work hard at all times; interested friends for their holiday parties for the children, and donations of materials for the occupational therapy department; and to those who have given their time and effort to help make the year successful.

Respectfully submitted,

ISABELLE M. JORDAN, R.N.,

Superintendent.



Top: BEDSIDE SCHOOL Middle: PRIMARY SCHOOL
Bottom: SCHOOL ROOM SCHOOL (AMBULATORY PATIENTS)

SCHOOL REPORT

DECEMBER 1, 1942–NOVEMBER 30, 1943

In common with other hospital schools, the Sanatorium program embraces both therapeutic and educational aims: therapeutically, it helps the child by keeping his mind at work and away from thoughts about himself; educationally, it gives to the child the same basic education he would receive under normal conditions in his home school.

The children come to us at all stages of grade completion, some having had long absences from school because of illness before they were admitted to the Sanatorium. Sometimes, a child will show actual retardation beyond that which might have been expected by the length of time he had been away from any school program. Therefore, much review work is often necessary before the child is ready to begin to make up the time he had lost, and to proceed with his grade.

Due to the limitations of time and activity, emphasis is laid upon the subjects which are promotional. School is started as soon after admission as is allowed by the physician. Each child proceeds at his own rate of speed, determined by his physical and mental abilities. In some cases, it has been possible for a child to make up a lost grade before his return to the community from which he came.

The school is held in two sessions. Both teachers use the morning hours to teach at the bedside of children on the main porch and the annex. The afternoon session is held in the school room for all the children in the Convalescent Pavilion.

This year, for the first time, through the cooperation of Mr. Roger K. Poole, the Superintendent of Schools in Sharon, a system has been worked out, whereby the co-

operation of the child's home school is sought. The child's school is asked for a copy of his records, an outline of the work expected in his home grade, a set of books and the report card which would have been used in his home school. Reports of the child's progress are made to the child's parents and school periodically. In nearly every case the cooperation of the home school has been satisfactory.

Number of school days, Dec. 1, 1942–Nov. 30, 1943 . . .	166
Number of children enrolled in the school	87
Number of pupil hours of school	50,700
Average length of stay in hospital school	
	60 days or 12 school weeks
Total hours of teaching time (2 teachers)	1,300 hours
Average time of "teacher attention" given to each child	
per day	13 minutes
during average stay	16 hours

ENROLLMENT BY GRADES

Grade	I	. . . . .	17 children
	II	. . . . .	13 "
	III	. . . . .	10 "
	IV	. . . . .	11 "
	V	. . . . .	10 "
	VI	. . . . .	17 "
	VII	. . . . .	8 "
	VIII	. . . . .	1 child

BEATRICE S. KITCHEN,
 MARY D. McKENDRICK.

TREASURER'S REPORT

STATEMENT OF INCOME AND EXPENSE

FOR THE YEAR ENDING NOVEMBER 30, 1943

INCOME

	<i>Actual</i>	<i>Budget</i>
Donations, Quota:		
Community Fund	\$9,852.00	\$10,000.00
Trust Funds	1,000.00	1,000.00
Other	126.00	—
Donations, Non-quota		
Trust Funds	1,725.00	500.00
Other	738.00	500.00
Farm	3,250.97	4,000.00
Investments	11,983.84	12,300.00
Patients	10,042.10	11,000.00
TOTAL INCOME	\$38,717.91	\$39,300.00

EXPENSES:

Administration	3,046.50	3,000.00
Annual Report	155.00	150.00
Auditing	142.17	140.00
Clothing	549.70	300.00
Dental	210.83	180.00
Electricity	1,189.82	900.00
Farm	4,158.49	3,800.00
Food	12,780.63	12,000.00
Fuel	2,017.03	2,900.00
Housekeeping	3,821.86	4,020.00
Insurance	1,167.40	1,400.00
Investment fee	492.04	380.00
Janitor	1,363.74	1,460.00
Kitchen	3,754.41	3,730.00
Laboratory	2,952.95	3,765.00
Laundry	2,408.12	2,050.00
Medical	3,163.75	3,000.00
Nursing	11,426.46	11,040.00
Occupational Therapy	1,489.70	1,590.00
Office	1,996.56	1,830.00
Publicity	465.80	500.00
Repairs	2,080.65	2,000.00
School	1,670.48	1,545.00
Sundries	14.20	50.00
Telephone	761.51	650.00
Transportation	532.07	400.00
Water and Ice	292.10	275.00
TOTAL EXPENSES	\$64,103.97	\$63,055.00
DEFICIT	\$25,386.06	\$23,755.00

CAPITAL PAYMENTS — year ending November 30, 1943

Buildings

Alterations re-insurance	\$199.05	
Other improvements	361.72	\$560.77
		<hr/>

Farm Equipment

Sales		5.00
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Furniture and Fixtures

Laundry equipment	\$1,597.09	
Fire extinguishers re ins.	44.55	
File for record room	59.25	
Children's go-carts	72.00	
Window shades	49.17	
School equipment	57.10	
Sundry	225.16	2,104.32
		<hr/>

Kitchen Equipment

Trays, etc., for cafeteria	\$128.62	
Dishwasher	321.75	
Electric stove	30.00	
Sundry	185.43	665.80
		<hr/>

Linen and Bedding

Wool blankets	\$461.80	
Summer blankets	129.40	
Bed spreads	77.69	
Sheets and pillow cases	237.97	
Sundry	135.36	1,042.22
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Medical Equipment

Sundry		105.65
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TOTAL		<hr/> \$4,483.76
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GENERAL RESERVE FUND

Book value, November 30, 1942	\$53,679.16	
Add — Request u/w Lucy S. Brewer	5,020.38	
Gain on sale of securities	1,468.03	

TOTAL	<hr/> \$60,167.57	
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Less — Operating deficit	\$25,386.06	
Additions to plant	4,483.76	29,869.82
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Book value, November 30, 1943		<hr/> <hr/> \$30,297.75
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COST PER PATIENT DAY

for 1942	12,870 days	\$4.71
for 1943	12,743 days	4.77

BALANCE SHEET

NOVEMBER 30, 1943

ASSETS

Assets of General Endowment Funds

Securities (Market Value \$196,622.50)—Sch. 1	\$206,695.39	
Uninvested Cash	154.38	\$206,849.77

Assets of General Reserve Funds

Securities (Market Value \$29,470)—Sch. 2	\$30,529.50	
Overinvested Cash	246.75	30,282.75

Assets of Special Purpose Fund

Cash		65.88
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Sanatorium Properties

Land	\$16,993.93	
Buildings (Less Depreciation of \$13,362.51)	153,378.55	
Equipment (Less Depreciation of \$4,582.81)	16,372.41	186,744.89

\$423,943.29

LIABILITIES

General Endowment Funds — Principal Restricted

Balance — November 30, 1942	\$208,191.37	
Less — Net Loss on Sales of Securities — Sch. 2	1,341.60	\$206,849.77

General Reserve Funds — Principal Unrestricted

Balance — November 30, 1942	\$53,679.16	
Add — Bequest u/w Lucy S. Brewer	5,020.38	
Net Gain on Sales of Securities — Sch. 2	1,465.53	
Refund of Transfer Tax	2.50	\$60,167.57

Less — Net Operating Loss for Year (Exh. B) exclusive of depreciation	29,884.82	30,282.75
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Special Purpose Fund

Received during the year	\$225.00	
Less — Expended	159.12	65.88

Plant Investment Fund

Balance — November 30, 1942	\$195,925.06	
Less — Depreciation for the year	9,180.17	186,744.89

\$423,943.29

BENEFICENCE THAT CONTINUES

Some benevolent persons are privileged to give very substantial sums, while living, to further the general or specific purposes of a cause in which they are interested. In doing so, they have the satisfaction of knowing that the beneficiaries of that institution are daily and hourly blessed—through their liberality. They can also witness its growth in usefulness and its widening influence. A number of Sharon's friends are having that pleasure.

Gratitude prompts us to also acknowledge the inestimable kindness of Sharon's friends who have left it legacies, whether the sums so bequeathed were small or large. This fine support has been a sustaining source of rare value.

Form of Bequest to The Sharon Sanatorium

I give and bequeath to The Sharon Sanatorium now located in Sharon, Massachusetts, the sum of..... dollars, to be applied to the general uses and purposes of the said Sanatorium.

Gifts and communications concerning gifts and bequests should be addressed to Charles H. Watkins, 112 Water Street, Boston.

Commonwealth of Massachusetts

BE It Known that whereas Alfred Bowditch, Nathaniel H. Stone, Alice M. Curtis, Olivia Y. Bowditch, Mary H. Denny, Vincent Y. Bowditch, Robert W. Lovett, L. Vernon Briggs and Reginald Gray have associated themselves with the intention of forming a corporation under the name of THE SHARON SANITARIUM, for the purpose of establishing and maintaining a hospital for the treatment of persons afflicted with incipient pulmonary disease, and have complied with the provisions of the Statutes of this Commonwealth in such case made and provided, as appears from the certificate of the President, Treasurer, and Directors of said corporation, duly approved by the Commissioner of Corporations, and recorded in this office:

Now, THEREFORE, I, WILLIAM M. OLIN, Secretary of the Commonwealth of Massachusetts, do hereby certify that said Alfred Bowditch, Nathaniel H. Stone, Alice M. Curtis, Olivia Y. Bowditch, Mary H. Denny, Vincent Y. Bowditch, Robert Lovett, L. Vernon Briggs and Reginald Gray, their associates and successors, are legally organized and established as and are hereby made an existing corporation under the name of

THE SHARON SANITARIUM

with the powers, rights and privileges, and subject to the limitations, duties and restrictions which by law appertain thereto.

WITNESS my official signature hereunto subscribed, and the seal of the Commonwealth of Massachusetts hereunto affixed, this twenty-seventh day of March, in the year of our Lord one thousand eight hundred and ninety-one.

[SEAL]

(Signed) WM. M. OLIN,
Secretary of the Commonwealth.

Commonwealth of Massachusetts

BE It Known that whereas THE SHARON SANITARIUM, a corporation organized under the laws of this Commonwealth, and subject to the provisions of chapter one hundred and twenty-five of the Revised Laws, has complied with the provisions of chapter one hundred and nine of the Revised Laws, as appears from the certified copy of the order of the Commissioner of Corporations, authorizing said corporation to change its name and adopt the name of THE SHARON SANATORIUM and the certificate of the President, Treasurer, and Directors of said corporation, duly filed in this office pursuant to the provisions of section ten of the aforesaid chapter one hundred and nine of the Revised Laws.

Now, THEREFORE, I, WILLIAM M. OLIN, Secretary of the Commonwealth of Massachusetts, do hereby certify that the name which said corporation shall bear is

THE SHARON SANATORIUM

which shall hereafter be its legal name.

WITNESS my official signature hereunto subscribed, and the Great Seal of the Commonwealth of Massachusetts hereunto affixed, this seventeenth day of May in the year of our Lord one thousand nine hundred and four.

[SEAL]

(Signed) WM. M. OLIN,
Secretary of the Commonwealth.

On June 16, 1938 a Certificate of Change of Purpose was filed with and approved by the Secretary of the Commonwealth of Massachusetts, by which the purpose for which the corporation was organized was changed to read as follows:

To establish and maintain one or more hospitals or sanatoria for any or all of the following purposes: The care and treatment of persons afflicted with incipient pulmonary disease; the care and treatment of children who are sick, crippled, undernourished or underprivileged; the care and treatment of sick and needy persons.

July 15, 1938

Commonwealth of Massachusetts
County of Suffolk, ss.

A true copy.

Attest:

ROBERT G. LING, *Notary Public.*

My commission expires April 14, 1944.

BY-LAWS OF THE SHARON SANATORIUM

ARTICLE I.

The Corporation shall be composed of those persons signing the articles of association and of such persons as they or their successors shall elect to be members

ARTICLE II.

The annual meeting of the Corporation shall be held on the fourth Wednesday of January in each year at such time and place in the city of Boston as the President, or in default of appointment by him the Secretary may appoint, and notice of the said meeting shall be sent to the members at least seven days before the meeting.

Special meetings of the Corporation shall be called by the President or Secretary by three days' notice in writing.

Five members shall constitute a quorum at all meetings of the Corporation.

ARTICLE III.

The officers of the Corporation shall be a President, Secretary, Treasurer, and not less than four nor more than twelve directors at large, who shall serve for one year and until others shall be elected in their stead. The said officers shall constitute a Board of Directors, and shall have full power and authority to manage the affairs of the Corporation subject to such regulations and restrictions as the members at meetings of the Corporation may from time to time establish.

ARTICLE IV.

The Board of Directors shall have power to take any measures which they may deem expedient for encouraging subscriptions, donations, and bequests to the Corporation; to enter into and bind the Corporation by such compacts and engagements as they may deem advantageous; to appoint from time to time such agents or committees as they shall think proper to attend to the practical details of the working of the hospital or to oversee and superintend the same; to appoint or engage the physicians, surgeons, matrons, attendants, and servants employed in the hospital and define their duties; and this power they may delegate to any of the committees above referred to, if they shall see fit so to do.

The Board of Directors may fill all vacancies in the Board up to the limit in numbers authorized by these By-Laws.

Three members shall constitute a quorum at all meetings of the Directors.

There shall be meetings of the Directors quarterly, on the fourth Wednesday of April, July, October, and January. Special meetings of the Directors shall be called by the Secretary.

ARTICLE V.

The President shall preside at all meetings of the Corporation and Directors. In his absence a President *pro tempore* shall be chosen.

ARTICLE VI.

The Treasurer shall receive and have custody of all moneys, deeds and securities of the Corporation, which he shall keep and manage under the control of the Board of Directors or any committees of the Board. One or more Assistant Treasurers may be appointed by the Board of Directors to have such powers and duties as the Directors shall from time to time prescribe.

Neither the Treasurer or any Assistant Treasurer shall pay out moneys but by order of the Board of Directors or their committees.

ARTICLE VII.

The Secretary shall attend all meetings of the Corporation and Directors and keep a record of the proceedings of each meeting in a book kept for that purpose; she shall give notice of all meetings of the Corporation, as is provided in Article II, and of all meetings of the Directors.

ARTICLE VIII.

The property of this Corporation shall not be alienated nor shall any real estate be purchased except with the consent of a majority of all the Directors.

ARTICLE IX.

These By-Laws may be altered or amended at any meeting of the Corporation by a vote of two-thirds of the members present at such meeting.

Commonwealth of Massachusetts }
Suffolk, ss. }

January 17, 1921.

A true copy.

Attest:

HARRY L. PILKINGTON, *Notary Public*.

General Information

The Sharon Sanatorium

The Sharon Sanatorium formally opened February 9, 1891

Received its first patient February 16, 1891

Incorporated March, 1891

DR. VINCENT Y. BOWDITCH — Founder and Medical Director until
December, 1929

First President — ALFRED BOWDITCH

Second President — REGINALD GRAY

Third President — PROF. WILLIAM T. SEDGWICK

Fourth President — INGERSOLL BOWDITCH

Fifth President — MORTON P. PRINCE

First Treasurer — NATHANIEL H. STONE

Second Treasurer — RAYMOND EMERSON

Third Treasurer — SETH T. GANO

Fourth Treasurer — CHARLES H. WATKINS

First Secretary — MISS ALICE M. CURTIS

Second Secretary — MRS. CHARLES ALLEN PORTER

Children with Rheumatic Fever admitted to Children's Pavilion
October 4, 1938.

Main Sanatorium closed to Tuberculosis May, 1941.

Entire Sanatorium opened to Children with Rheumatic Fever Octo-
ber 1, 1941.

Location: In Sharon about five minutes from the station of the N. Y., N. H. & H.
R.R. Sharon is about equally distant from Boston and Providence—19 miles
from Boston.

The Grounds: The Sanatorium grounds cover 120 acres—the elevation and out-
look are most desirable. Pure air is abundant.

Food: No pains nor expense are spared to provide the patients with the most
nourishing diet.

